2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am **DOCUMENT # 736190 Secretary of State** 01-26-2001 90019 038 ****70.00 SEMINOLE LODGE NO. 2519, BENEVOLENT AND PROTECTI Principal Place of Business Mailing Address 10717 SEMINOLE BLVD. 10717 SEMINOLE BLVD. SEMINOLE FL 33778 SEMINOLE FL 33778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0171548 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. - Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACOBS Street Address (P.O. Box Number is Not Acceptable) SCHINDLER, HARRY 10438 KUMQUAI LN SEMINOLE FL 33772 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition NAME NAME GILLHESPY, EUGENE STREET ADDRESS STREET ADDRESS 13482 CORDOVA DR CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33774 ☐ Addition TITLE Delete TITLE ☐ Change NAME ATTI, LOU NAME STREET ADDRESS STREET ADDRESS 11154 SEMINOLE DR CITY-ST-ZIP =. CITY-ST-ZIP SAINT PETERSBURG FL 33716 TITLE Delete TITLE Change Change ☐ Addition NAME NAME YAGODA, KENNETH yagoda, kenneth STREET ADDRESS STREET ADDRESS 8628 PINETREE DR CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 TITLE ☐ Delete TITI F Change ☐ Addition SARTOR, KENNETH NAME SARTON, KENNETH NAME STREET ADDRESS STREET ADDRESS 11574 70 TERR N CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 TITLE TITLE ☐ Change **Addition** Delete JACOBS DOUGLAS A 9633 118 Th LN N. NAME SCHINDLER, HARRY NAME STREET ADDRESS STREET ADDRESS 10438 KUMQUALLN CITY-ST-ZIP Seminole FL 33772 CITY-ST-ZIP SEMINOLE FL 33772 TITLE Delete TITLE Addition DAY, MARK R NAME HAND, JAMES D -NAME 12347 Seminole Blud LoT#1 STREET ADDRESS STREET ADDRESS 9884 INDIAN KEY TRAIL CITY-ST-7IP CITY-ST-ZIP LARGO FL 33778 SEMINOLE FL 33776

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Docasia A Same Legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.